

PTO/SB/22 (12-04)

Approved for use through 7/31/2008. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2005</b> (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 188122001500	
Application Number 10/724,277		Filed November 26, 2003	
For <b>SYSTEM AND METHOD FOR SIMULATING A CIRCUIT HAVING HIERARCHICAL STRUCTURE</b>			
Art Unit 2128		Examiner S. Patel	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<u>Fee</u>	<u>Small Entity Fee</u>
<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$120	\$60 \$ 120.00
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$450	\$225 \$
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1020	\$510 \$
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1590	\$795 \$
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2160	\$1080 \$
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>03-1952</u> . I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>47,063</u>			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____			
<u>Mark E. Schmidt</u> Signature		<u>August 4, 2006</u> Date	
<u>Mark E. Schmidt</u> Typed or printed name		<u>(650) 813-4222</u> Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.			

08/07/2006 HTECKLU1 00000059 031952 10724277

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FOR FEE PROCESSING

AUG 04 2006

PTO/SB/17 (01-06)

Approved for use through 7/31/2006. OMB 0651-0032

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Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

<b>FEE TRANSMITTAL</b> For FY 2006		<b>Complete if Known</b>	
		Application Number	10/724,277
		Filing Date	November 26, 2003
		First Named Inventor	Bruce W. MCGAUGHY
		Examiner Name	S. Patel
		Art Unit	2128
		Attorney Docket No.	188122001500
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(\$)	120.00	

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: <u>03-1952</u> Deposit Account Name: <u>Morrison &amp; Foerster LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

<b>FEE CALCULATION</b> (All the fees below are due upon filing or may be subject to a surcharge.)																					
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>																					
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)														
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)															
Utility	300	150	500	250	200	100															
Design	200	100	100	50	130	65															
Plant	200	100	300	150	160	80															
Reissue	300	150	500	250	600	300															
Provisional	200	100	0	0	0	0															
<b>2. EXCESS CLAIM FEES</b>																					
<b>Fee Description</b>							<b>Small Entity Fee (\$)</b>														
Each claim over 20 (including Reissues)							50														
Each independent claim over 3 (including Reissues)							200														
Multiple dependent claims							360														
<table border="0"> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> <th>Multiple Dependent Claims</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> <tr> <td>21</td> <td>- 21 =</td> <td>0</td> <td>x 50 =</td> <td>0.00</td> <td>360</td> <td>0.00</td> </tr> </table>							Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)	21	- 21 =	0	x 50 =	0.00	360	0.00	
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)															
21	- 21 =	0	x 50 =	0.00	360	0.00															
HP = highest number of total claims paid for, if greater than 20.																					
<table border="0"> <tr> <th>Indep. Claims</th> <th>Extra Claims</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> <tr> <td>3</td> <td>- 3 =</td> <td>0</td> <td>x 200 =</td> <td>0.00</td> </tr> </table>							Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	3	- 3 =	0	x 200 =	0.00						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)																		
3	- 3 =	0	x 200 =	0.00																	
HP = highest number of independent claims paid for, if greater than 3.																					
<b>3. APPLICATION SIZE FEE</b>																					
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																					
<table border="0"> <tr> <th>Total Sheets</th> <th>Extra Sheets</th> <th>Number of each additional 50 or fraction thereof</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> <tr> <td></td> <td>- 100 =</td> <td>/50</td> <td>(round up to a whole number) x 250 =</td> <td>0.00</td> </tr> </table>								Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)		- 100 =	/50	(round up to a whole number) x 250 =	0.00				
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)																	
	- 100 =	/50	(round up to a whole number) x 250 =	0.00																	
<b>4. OTHER FEE(S)</b>																					
Non-English Specification, \$130 fee (no small entity discount)							0.00														
Other (e.g., late filing surcharge): 1251 Extension for response within first month							120.00														

<b>SUBMITTED BY</b>			
Signature	<i>Mark E. Schmidt</i>	Registration No. (Attorney/Agent)	47,063
Name (Print/Type)	Mark E. Schmidt	Telephone	(650) 813-4222
		Date	August 4, 2006

pa-1085117